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| For Office Use Only: | |
| Application Number: |  |

**Application Form**

**Section E**

**Equal Opportunities Form**

Please note that if you have a disability and you require having this form, or submitting the information with regard to this form in another format, such as larger print or audio-tape, please contact us by emailing or telephoning the Human Resources Department at [hr@tkat.org](mailto:hr@tkat.org) or 0208 269 8330.

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| TKAT is working towards equality of opportunity for all who apply for employment with the organisation. We are actively opposed to discrimination and want to ensure our processes support recruitment of the full diversity of people. We believe that monitoring our recruitment results will help us assess any areas requiring improvement. In order to assist us with this, we would be grateful if you would complete this form and return with your application.  TKAT undertakes that this form will not be made available to anyone involved in the recruitment and selection of staff and will remain confidential to the HR Department to be used solely for the purpose of monitoring the effectiveness of our equal opportunities policy.  Your help in this matter is entirely voluntary and will in no way affect your application. | | | | | | | | | | | |
| Post applied for: | |  | | | | | | | | | |
| 1. Please indicate your gender: | | Male □ | | | | | | Female □ | | | |
| 1. Please indicate your age: | | 16 – 17 □ | | | | 18 – 21 □ | | | | 22 – 30 □ | |
| 31 – 40 □ | | | | 41 – 50 □ | | | | 51 – 60 □ | |
| 61 – 65 □ | | | | 66 – 70 □ | | | | 71+ □ | |
| 1. Ethnic origin is not about nationality, place of birth or citizenship. It is to do with colour and broad ethnic group. UK citizens can belong to any of the group indicated below. | | | | | | | | | | | |
| Would you describe yourself as: | | | | | | | | | | | |
| **White** | | | | **Mixed/multiple ethnic groups** | | | | | | | |
| English/Welsh/Scottish/Northern Irish/British | | | □ | White & Black Caribbean | | | | | | | □ |
| Irish  Gypsy or Irish Traveller | | | □  □ | White & Black African | | | | | | | □ |
| Any other White background | | | □ | White & Asian | | | | | | | □ |
| Please state: | | | | Any other mixed/multiple ethnic background | | | | | | | □ |
|  | | | | Please state: | | | | | | | |
| **Black/African/Caribbean or Black British** | | | | **Asian or Asian British** | | | | | | | |
| African | □ | | | Indian | | | | | □ | | |
| Caribbean | □ | | | Pakistani | | | | | □ | | |
| Any other Black/African/Caribbean background | □ | | | Bangladeshi  Chinese | | | | | □  □ | | |
|  |  | | | Any other Asian background | | | | | □ | | |
| Please state: | | | | Please state: | | | | | | | |
| **Other ethnic group** |  | | | Any other, please state: | | | | | | | |
| 1. Do you consider yourself to have a disability within the Equalities Act 2010? (See **Disability Definition** below.) | | | | | | | | | | | |
| Yes □ | | | | | No □ | | | | | | |
| We fully support the social model of disability and we recognise that people with different impairments or medical conditions can experience different barriers. If you have stated ‘yes’, please select the nature of your disability: | | | | | | | | | | | |
| Physical/sensory impairments  Learning difficulty and specific learning difficulties  Mental health difficulties  Medical conditions | | | | | | | □  □  □  □ | | | | |
| 1. What is your Religion, even if you are not currently practising?   Christian inc. Church of England/Catholic/Protestant and  all other Christian denominations  Buddhist  Hindu  Jewish  Muslim  Sikh  Any other religion  Please describe  No religion | | | | | | | □  □  □  □  □  □  □  □ | | | | |
| 1. What is your sexual orientation?   Bisexual  Gay man  Gay woman/lesbian  Heterosexual/straight  Prefer not to say | | | | | | | □  □  □  □  □ | | | | |
| **Thank you for your assistance** | | | | | | | | | | | |
| **Disability Definition**  The Equality Act 2010 states “A person has a disability if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.  The Act also states “A person can also qualify if he/she had a disability in the past and/or if he/she was on the register of disable persons under provision in the Disabled Persons (Employment) Act 1944 on both 12 January 1995 and 2 December 1996”. DDA 2005 | | | | | | | | | | | |

Once completed, please return this form along with your application form to: